

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

DOCUMENT # N02000000875

1. Entity Name

VIETNAM VETERANS OF AMERICA, CHAPTER 787,
ASSISTANCE FOUNDATION INC.



Principal Place of Business

P.O. BOX 89247
TAMPA FL 33689

Mailing Address

P.O. BOX 89247
TAMPA FL 33689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

01-0564453

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, THOMAS H
2209 ALLWOOD AVE.
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name La GARDE, JAMES
Street Address (P.O. Box Number is Not Acceptable)
2806 LEWIS RD
City DOVER FL Zip Code 33527

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James La Garde

JAMES La GARDE PRESIDENT

5-01-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HALL, THOMAS H	
STREET ADDRESS	2209 ALLWOOD AVE.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	V	<input type="checkbox"/> Delete
NAME	WAGNER, DALE	
STREET ADDRESS	1547 KEYSVILLE RD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	S	<input type="checkbox"/> Delete
NAME	ORTELT, CHARLES	
STREET ADDRESS	2815 LINDEN TREE ST	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUHL, KEVIN	
STREET ADDRESS	2506 ASTRO PLACE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOTT, RON	
STREET ADDRESS	P.O. BOX 1451	
CITY-ST-ZIP	VALRICO FL 33595	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUELLER, JON S	
STREET ADDRESS	2506 OAK LANDING DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	La GARDE, JAMES	
STREET ADDRESS	2806 LEWIS RD	
CITY-ST-ZIP	DOVER, FL. 33527	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles E. Ortel* CHARLES E. ORTELT (SECRETARY) 5-01-05 (813) 681-8369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR